

City of Albuquerque Environmental Health Department Consumer Health Protection Division P.O. Box 1293, Albuquerque, New Mexico 87102



FAX: (505) 768-2617 Email: LRoybal@cabq.gov Phone: (505) 768-2738

Application for Temporary Food Permit

Submit Completed Form to City Hall, 400 Marque	uette NW, 3 rd Floor, Room 3023 – Consumer Health Protection Division
Event Name:	Date From: To:
Booth Name:	Event Location: ISet Up Time:
Event Hours: Start:End:	Set Up Time:
Applicant: Owner/Operator	
Address:	City/State/Zip:
Phone #:O	Organizer Contact:
Email:	Fax #:
Location of food preparation: On Site	☐ Other
	Check (√) Equipment Available for:
List all menu items:	_ ` ` ` ` ` `
List all menu items	_ L COOKING/Reneating L Cas L Lieu L Cas.c.
	□ Cold Holding □ Gas □ Elec □ Other
	Other Explain
	Other Explain
I hereby agree to abide by all requirements of the Food Sanitation Ordinance as it relates to temporary food	d
stands and understand that the enforcement authority may impose additional requirements and may prohibit the sale of some or all potentially hazardous food to	Test Kit 3-compartment basin set-up.
protect the public. I further agree not to sell any home prepared products. I voluntarily agree to destroy any	TREASURY DIVISION USE ONLY – TEMPORARY 0204
food deemed to be unfit for human consumption or hazardous to the public health. My failure to dispose of	or III
condemned food shall be grounds for immediate closure of the food operation.	
Signature:	Vendors shall not open for business prior to paying and
Date:	obtaining a permit from Environmental Health Consumer Health Protection.
	- Mary Daid & Date:
Health Authority Signature Rev.10/27/2010	Amount Paid \$ Date: